

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 111c 6261 197

1. PLACE OF DEATH:

County Howard
 City or town Marysville, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 38 yrs
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard
 City or town Marysville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Marysville, Md.
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Harry Nimrod Brosenne

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Mary E. O'Neill Brosenne 6.(c) If alive, give age 69 years
 7. Birth date of deceased (mo., day, yr.) Aug 2, 1865
 8. AGE: Years 82 Months 10 Days 10 If less than one day hrs. min.

9. Birthplace Baltimore City, Md.
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
 12. Name Henry F. Brosenne
 13. Birthplace Maryland
 14. Maiden name Emma Stuenkel
 15. Birthplace ?

16. Informant Mrs. Mary E. Brosenne
 Address Marysville, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof June 12, 1948
 (month) (day) (year)
 Cemetery or crematory St. John's Cemetery
 Location Ellicott City, Md.

18. Funeral director Easton Sons
 Address Ellicott City, Md.

19. Date rec'd by registrar 6/14/48 19 Edward J. Gurney Registrar
SA H. J. Gurney

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 June 19 48 at 6 30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12 June 19 48 to 12 June 19 48
 and that I last saw him alive on 12 June 19 48

Immediate cause of death Pulmonary edema DURATION Immediate

Due to Cardiac failure underlying cause 2 weeks

Due to — Hypertension

Other conditions —

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William F. Jassaway M.D.Address Ellicott City, Md. Date signed 6-12-48

RECEIVED

JUN 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:

County Howard
 City or town Hanover
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 35 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Howard
 City or town Hanover
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Hanover Rd.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Florence Virginia Florey

3. (b) Social Security Number

4. Sex Fe 5. Color or race white 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Henry William
 7. Birth date deceased (mo., day, yr.) Aug. 2 - 1877
 6.(c) If alive, give age years
 8. AGE: Years 70 Months 10 Days 12 It less than one day hrs. min.

9. Birthplace Frederick Md
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Christopher King

13. Birthplace Frederick Md

14. Maiden name Margaret Cross

15. Birthplace Frederick Md

16. Informant Henry Walter Florey

Address Hanover Md

17. Burial Date thereof June 17/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Western Cemetery

Location Edmondson Ave

18. Funeral director Wesley Book Inc

Address 1217 St Paul Ave

19. 6/15 19 48 A W Hedrick
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 14 June 48 at 3:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8 March 48 to 14 June 48
 and that I last saw her ex alive on 14 June 48

Immediate cause of death: Cardiac Insufficiency DURATION 2 days

Due to Hypertensive Cardiovascular Disease ?

Due to

Other conditions Bronchopneumonia
terminal 1 day
 (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Mens of injury Injured at work?

23. SIGNATURE Bradley Laugherty MD M. D. or other

Address Halethorpe Md Date signed 6-14-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of

age shown on:

HM NO. G 116 JUN 10 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 171

1. PLACE OF DEATH:

County... Howard Co

City or town... ELK RIDGE
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Conn. County...

City or town... Waterbury
(If outside city or town limits, write RURAL and give nearest town)Street No... Wood Rock Rd
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Samuel Joseph Gervais

3. (b) Social Security Number

044-07-1742

4. Sex

Male

5. Color or race

wh.

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife... Alphonsine Gervais

8. (c) If alive, give age 65 years

7. Birth date of

deceased (mo., day, yr.)

July - 10 - 1881

8. AGE:

Years

Months

Days

If less than one day

66

60

10

20

hrs.

min.

9. Birthplace

Maxtrud, Canada
(Town, county, and state)

10. Usual occupation

Mechanics

11. Industry or business

FATHER

12. Name

OLIVER Gervais

13. Birthplace

Canada

MOTHER

14. Maiden name

Melvinia Cote

15. Birthplace

Canada

16. Informant

Alphonsine Gervais

Address

Montgomery Rd - Elkridge

17.

(Burial, cremation, or removal. Which?)

Date thereof

June 4, 1948
(month) (day) (year)

Cemetery or crematory

Location

Waterbury, Conn.

18. Funeral director

Frank H. Newell

Address

Gibwell, Maryland

19.

(Date rec'd by registrar)

19

X 8

X 8

X 8

X 8

X 8

X 8

X 8

X 8

X 8

X 8

X 8

X 8

X 8

X 8

X 8

X 8

X 8

X 8

X 8

X 8

X 8

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June - 1 - 1948 at 5:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May - 15 - 1948 to June - 1 - 1948

and that I last saw him alive on May - 30 - 1948

Immediate cause of death

Coronary decompensation

DURATION

Due to

Myocardial infarction

Due to

Complications of coronary 6 min

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

George H. Lippman, Jr.

M. D. or other

Address

Relay - Md.

Date signed June 1, 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6264

830

CERTIFICATE OF DEATH

Reg. Dist. No.

193

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

81

1

15

hrs.

min.

9. Birthplace

Howard Co. Md.

(Town, county, and state)

10. Usual occupation

Retired Painter

11. Industry or business

FATHER

12. Name

George Gillis

13. Birthplace

Maryland

MOTHER

14. Maiden name

Rachel Pickett

15. Birthplace

Maryland

16. Informant

Address

17.

(Burial, cremation, or removal, which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

Date rec'd by registrar

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 20

19 48

at 5:50 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

13 June 19 48

to

18 June 19 48

and that I last saw him alive on

18 June 19 48

Immediate cause of death

cerebral vascular accident

DURATION

1 week

Due to

arteriosclerosis
and hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Chee Randol MD

M. D. or other

Address

Tamasco, Maryland

Date signed June 21, 1948

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

193

RECEIVED
JUN 24 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County HowardCity or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)Street No. Court Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Lucy Lee Scott Holden

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widow6. (b) Name of husband or wife John Wesley Holden

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.) June 21, 1865

8. AGE:

Years

Months

Days

If less than one day

8305

hrs.

min.

9. Birthplace Ellicott City, Md.

(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name William Henry Scott13. Birthplace Md14. Maiden name Hannah Haslette15. Birthplace Md16. Informant Hannah ScottAddress Ellicott City, Md17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 6-29-48

(month) (day) (year)

Cemetery or crematory Loudon ParkLocation Baltimore, Md.18. Funeral director F. C. HiginbothamAddress Ellicott City, Md.19. June 28, 1948
(Date rec'd by registrar)

19. 48

John B. Loughran
Reg. R. S. 2

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 26 June 19 48, at 9 40 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
12 April 19 47, to 26 June 19 48
and that I last saw or alive on 26 June 19 48

Immediate cause of death

Coronary thrombosis

DURATION

ImmediateDue to Coronary Sclerosis + Cardiac Failure1 year

Due to

Other conditions None

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

William F. Jassauy MD

MD or other

Address Ellicott City, Md Date signed 6-26-48

UNITED STATES DEPARTMENT OF JUSTICE

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JUL 2 1948
BUREAU V. S.

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JUL 2 1948
BUREAU V. S.

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CERTIFICATE OF DEATH

Registered No. 6266

The margin should be carefully supplied. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Levering Avenue(c) Hospital or institution: Howard Co. 1 Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Howard(c) City or town Ellicott City
(If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME

3 (b) If veteran, name war

World War II

3 (c) Social Security Account

No. 25-12-4392

4. Sex

5. Color or race

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Elizabeth Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Months Days If less than one day
26 hr. min.9. Birthplace Howard Co. Md.
(Town, county, and state)10. Usual Occupation Truck Driver

11. Industry or business

12. Name Otis Johnson13. Birthplace Maryland14. Maiden Name Hattie Williams15. Birthplace Maryland16 (a) Informant Elizabeth Johnson(b) Address Ellicott City, Md.17 (a) Burial (b) Date thereof 6-12-48
(Burial, cremation, or removal) (month) (day) (year)(c) Cemetery or crematory St. Louis
Location Clarksville, Md.18 (a) Funeral director F. O. H. H. H. H. H.(b) Address Ellicott City, Md.19 (a) June 11, 48 (b) A. W. Helmer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9, 1948, at 3⁰⁰ P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Shotgun wound of brain

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:(a) Date of injury 6/9/48 2:10 P.M.(b) Where did injury occur? Langerman Metal Corp.(c) Did injury occur at home, on farm, industrial place, or public place? Industrial While at work? No(d) Means of injury Shotgun23. Signature Carl R. H. H. H. M.D.Date signed 6/10/48 Medical Examiner

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:

County HowardCity or town near Laurel
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Savage
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(c) If veteran, name war _____

3. (a) FULL NAME

Carroll Kenley Jones4. Sex M 5. Color or race W 6. Single, married, widowed, or divorced Married8. (b) Name of husband or wife Emma Jones

7. Birth date of deceased (mo., day, yr.)

June 12, 1882

8. AGE: Years 66 Months - Days 7 If less than one day _____ hrs. _____ min.9. Birthplace Front Royal, Virginia
(Town, county, and state)10. Usual occupation Paper hanger

11. Industry or business

12. Name Walter H. Jones13. Birthplace Front Royal, Virginia14. Maiden name Martha Redmond15. Birthplace Virginia16. Informant Mrs. Louise SmallwoodAddress Savage, Maryland17. Burial Date thereof June 22, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Savage CemeteryLocation Savage, Maryland18. Funeral director W. W. SmallwoodAddress Laurel, Maryland19. 6/22/48 Frank Shipley
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

213-01-7670

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 19 48 at 5:30 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 19 48 to June 19 19 48and that I last saw him alive on at 5:30 19

Immediate cause of death

Fracture of chest
Compensatory Fracture of
left femur
Fracture of cartilage
of larynx

DURATION

Fast

Other conditions

Avascular of skin of
rt forearm
(Include pregnancy within 3 months of death)

Major findings of operations

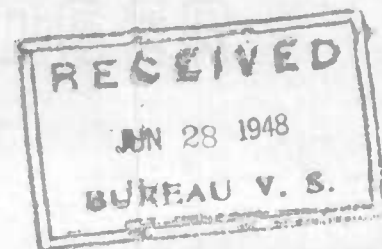
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 6-19-48Where did injury occur? Laurel Howard Ind
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Public HighwayMeans of injury Struck by car + bus Injured at work? No23. SIGNATURE Alpha N. Herbert, M.D.
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or otherAddress Ellicott City, Md Date signed 6-19-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6268

Reg. Diat. No. 194

1. PLACE OF DEATH:

County HowardCity or town Clarksville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County HowardCity or town Clarksville
(If outside city or town limits, write RURAL and give nearest town)Street No. Cedar Lane
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Lydia B Linthicum

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widow6. (b) Name of husband or wife Charles G. Linthicum

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

June 1 1858

8. AGE:

Years

Months

Days

If less than one day

90020

hrs.

min.

9. Birthplace Maryland

(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER

12. Name Frederick Brosenne

13. Birthplace

Germany

MOTHER

14. Maiden name Louise Fox

15. Birthplace

Germany16. Informant Charles LinthicumAddress Clarksville Md17. Burial
(Burial, cremation, or removal. Which?)Date thereof 6-24-48
(month) (day) (year)Cemetery or crematory Linthicum ChapelLocation Clarksville Md18. Funeral director F. C. HiginbothamAddress Ellicott City, Md.19. 6-23 48
(Date rec'd by registrar)Hermi G. Whitaker

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1948

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

June 21 1948 to June 21 1948
and that I last saw him alive on at 76 hrs.

Immediate cause of death

DURATION

Arteriosclerotic
Cardiovascular
Disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

M. D. or other

Address Ellicott City, Md. Date signed 6-24-48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 25 1948
BUREAU V. S.

ARTESIAN LEADER

PAG CONTINUED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6269

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County Howard County
City or town Ellicott City, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since Sept. 28, 1947
Hospital, institution, or street address where death occurred:
Pinel Clinic
How long in hospital or institution? Since Sept. 28, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Allegany
City or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)
Street No. 123 Cumberland Street
(If rural, give LOCATION)
2.(a) If veteran, name war. ☒

3. (a) FULL NAME

Jacob W. McLaughlin

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Margaret Knepper
7. Birth date of deceased (mo., day, yr.) Sept 18, 1853
6. (c) If alive, give age 94 years

8. AGE: Years 84 Months 8 Days 53 hrs. 5 min.
9. Birthplace Howard Co. Md.
(Town, county, and state)
10. Usual occupation grocery
11. Industry or business Retired

12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Paul Reed
Address Cumberland, Md.
17. Burial Date thereof June 14, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Base Hill Cem
Location Cumberland Md

18. Funeral director Louis Steiner
Address Cumberland, Md
19. June 11, 1948 Date rec'd by registrar John B. Longman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1948 at 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 28 1947 to June 11 1948 and that I last saw him alive on June 11 1948

Immediate cause of death Cerebral Thrombosis DURATION 1 Day

Due to Cerebral Arteriosclerosis (?)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Irving J. Taylor M.D. M. D. or other

Address Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 15 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH:

County Howard
City or town Clarksville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Howard
City or town Clarksville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Simpsonville Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

De Wilton Parlett

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Annie E. Parlett

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1875

8. AGE: Years 72 Months 7 Days 13 If less than one day _____ hrs. _____ min.

9. Birthplace Howard Co. Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Jacob J. Parlett

13. Birthplace Md

14. Maiden name Marian I. Scott

15. Birthplace Md

16. Informant Howard Scott

Address Clarksville Md

17. Burial Date thereof 6-27-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Marks

Location Highland Md

18. Funeral director F.C. Higinbotham

Address Ellicott City, Md.

19. 6-25 19 48 Mario A. Whitaker
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

A M

20. DATE OF DEATH June 25 19 48, at 11.30

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 26 19 46 to June 25 19 48, and that I last saw him alive on June 25 19 48.

Immediate cause of death

Coronary artery occlusion

DURATION

5 mins.

Due to

Due to

Other conditions benign prostatic hypertrophy
(Include pregnancy within 3 months of death)

2 yrs

Major findings: hypertrophied prostate

PHYSICIAN

Please underline the cause to which death should be charged statistically.

Of operations

Of autopsy

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Charles S. Whitaker, M.D.
M. D. or other

Address Clarksville, Md. Date signed 6-25-48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 29 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

940

6271

Reg. Dist. No. 195

1. PLACE OF DEATH:

County Howard
 City or town Savage
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 45 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard
 City or town Savage
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Welby Jackson Redmond
 4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Rose Lee Redmond
 7. Birth date of deceased (mo., day, yr.) February 25, 1859 6.(c) If alive, give age _____ years
 8. AGE: Years 89 Months 3 Days 14 It less than one day _____ hrs. _____ min.

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1948, at 10 A M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 8th 1948 to June 9th 1948
 and that I last saw him alive on June 8th 1948
 Immediate cause of death Coronary thrombosis DURATION 10 hrs.
 Due to ✓
 Due to ✓
 Other conditions ✓
 (Include pregnancy within 3 months of death)

Major findings of operations ✓ Date of op. _____
 Autopsy results ✓
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Frank Shipley, M.D. M. D. or other _____
 Address Savage, Md. Date signed 6/10/48

9. Birthplace Virginia (Town, county, and state)
 10. Usual occupation Retired inspector
 11. Industry or business Cotton mill
 12. Name Tilghman Redmond
 13. Birthplace Virginia
 14. Maiden name May Kitterbach
 15. Birthplace Virginia
 16. Informant Mrs. Maude Specht
 Address Savage, Maryland
 17. Burial Date thereof June 12, 1948 (month) (day) (year)
 (Burial, cremation, or removal. Which?)
 Cemetery or crematory Savage
 Location Savage, Maryland
 18. Funeral director He With Connelley
 Address Laurel, Maryland
 19. 6/10/48 Frank Shipley Registrar
 (Date rec'd by registrar)

RECEIVED

JUN 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:

County HowardCity or town Savage
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 28 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Newton Jasper Sherman4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Minnie C. Sherman7. Birth date of deceased (mo., day, yr.) April 26, 1869 8. (c) If alive, give age 79 years8. AGE: Years 79 Months 1 Days 14 It less than one day hrs. min.9. Birthplace Woodstock, Virginia
(Town, county, and state)10. Usual occupation Retired11. Industry or business Cemetery caretaker12. Name Levi Sherman13. Birthplace Virginia14. Maiden name May Pennan15. Birthplace Virginia16. Informant Lucas GoodlessAddress Emel Pennsylvania17. Burial Date thereof June 13, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory SavageLocation Savage, Maryland18. Funeral director W. W. With DonaldsonAddress Samuel, Maryland19. 6/14/48 19. Frank Shipley
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Savage
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 19. 48 at 130 A.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 4th to June 10thand that I last saw him alive on June 9thImmediate cause of death Cerebral HemorrhageDue to Arterio-sclerosis

Due to _____

Other conditions ✓

(Include pregnancy within 3 months of death)

Major findings of operations ✓

Date of op. _____

Autopsy results ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Frank Shipley, M.D.Address Savage, Md. Date signed 6/12/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 16 1948

BUREAU V. S.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 170
6273

1. PLACE OF DEATH Wolfsen's Garage
(a) Baltimore City, Maryland
(b) Street address Washington Blvd. South
(c) Hospital or institution: of E. Eberidge, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days).....
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town E. Eberidge
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wardell
3 (b) If veteran, name war none 3 (c) Social Security Account No.
4. Sex Male 5. Color or race Colored 6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Goldie Banks Squirrel
6 (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) Oct. 2, 1905
8. AGE: Years 43 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Near Westminster, Carroll Co. Md.
(Town, county, and state)
10. Usual Occupation Labour
11. Industry or business

FATHER 12. Name Walter Squirrel
13. Birthplace Carroll Co. Md.
MOTHER 14. Maiden Name Lavinia Adams
15. Birthplace Carroll Co. Md.

16 (a) Informant Mrs. Lavinia A. Squirrel
(b) Address Westminster Md.
17 (a) Burial (b) Date thereof July 7, 48
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Chapel Lane
Location near Westminster Md.

18 (a) Funeral director J. E. Meyer, Jr.
(b) Address Westminster Md.
19 (a) 7/2/48 (b) D. W. Hedrick
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION
20. DATE OF DEATH June 30 1948, at 12:30 PM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic congestive heart failure

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Earl L. Byg M.D.
Date signed 7-1-48 Medical Examiner.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

6274

195

830

1. PLACE OF DEATH:

County HowardCity or town near Laurel
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 21 yearsHospital, institution, or street address where death occurred Balls Wash Blvd

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town near Laurel
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

John Welch

3. (b) Social Security Number

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Ann F Welch7. Birth date of deceased (mo., day, yr.) October 14, 1874

6. (c) If alive, give age _____ years

8. AGE: Years 73 Months 8 Days 6 If less than one day _____ hrs. _____ min.9. Birthplace Chicago, Illinois
(Town, county, and state)10. Usual occupation Blacksmith

11. Industry or business

12. Name Robert Welch13. Birthplace unknown14. Maiden name Elizabeth Lynn15. Birthplace unknown16. Informant Mrs Ann F. WelchAddress Laurel, Maryland17. Burial Date thereof June 22, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Trinity Hill CemeteryLocation Laurel, Maryland18. Funeral director W. W. WitherspoonAddress Laurel, Maryland19. 6/22/48 Frank Shipley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20, 1948 at 2:24 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

John 1943 to June 20, 1948and that I last saw him alive on June 19, 1948Immediate cause of death Cerebral hemorrhage 52.Due to Hypertension 10 yrsDue to Arteriosclerosis 10 yrsOther conditions Arteriosclerosis 10 yrs

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. W. Warren MD M. D. or otherAddress Laurel Date signed 6/21/48

RECEIVED

JUN 28 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191193

1. PLACE OF DEATH:

County Howard
City or town Glenwood
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Howard
City or town Glenwood
(If outside city or town limits, write RURAL and give nearest town)
Street No. Roxbury Mill Road
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

John Vogel Woltz

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Minnie S. Woltz

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 4, 1894

8. AGE: Years 53 Months 11 Days 10 If less than one day _____ hrs. _____ min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual occupation Cabinet Maker

11. Industry or business

12. Name Albert M. Woltz

13. Birthplace Va.

14. Maiden name Anne Elizabeth Vogel

15. Birthplace Pa

16. Informant Mrs. Minnie Woltz

Address Glenwood, Howard Co., Md

17. Burial Date thereof 6-18-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Guilford Memorial

Location Greensboro, N.C.

18. Funeral director F. C. Higinbotham

Address Ellicott City, Md.

19. June 14, 1948 (Date rec'd by registrar)

John B. Loughran Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 48 19 48 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 48 to June 15 48

and that I last saw him alive on at no time 19 48

Immediate cause of death

Coronary Occlusion

DURATION

10 min

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Alpha H. Herbert M.D.

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. or other 6-15-48

Address Ellicott City, Md. Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 24 1948

BUREAU V. S.